### FORM D

## UNITED STATES

SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

RECD B.E.O. JUN 1 2 2006 1080

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6) AND/OR** 

UNIFORM LIMITED OFFERING EXEMPTION

SEC USE ONLY Serial Prefix DATE RECEIVED

Name of Offering ( check if this is an amendment and name has changed, and indicate change)	
Land Funding I, LLC - 2006 Offering	
Filing Under (Check box(es) that spriy): Rule 504 Rule 505 Rule 506	Section 4(6) ULOE
Type of Filing: New Films Amendment	PARTICESSED
JUN 1 2 AZBASICIDENTIFICATION DATA	JUN 2 2 2006
1. Enter the information reconsted about the issuer	THOMSON
Name of Issuer ( check if this is an amendment and name has changed, and indicate change,)	FINANCIAL
Land Funding I, LLC	
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)
9325 Upland Lane North, Suite 300, Maple Grove, Minnesota 55369	(763) 463-8800
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business	
Acquiring, developing and constructing improvements on real estate located in the suburbs of the Miarea.	inneapolis/St. Paul, Minneapolis, metropolitan
Type of Business Organization	
corporation limited partnership, already formed	
business trust	lease specify): Limited Liability Company
Actual or Estimated Date of Incorporation or Organization:  Month Yes 0 2	6 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation f	for State:
CN for Canada; FN for other foreign jurisdiction)	
	MN
GENERAL INSTRUCTIONS	
Federal:  Who Must File: All issuers making an offering of securities in reliance on an exemption under Regu	ulation D or Section 4(6), 17 CFR 230,501 et
seq. or 15 U.S.C. 77d(6).  When to File: A notice must be filed no later than 15 days after the first sale of securities in the offer	
Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the	e address given below or, if received at that
address after the date on which it is due, on the date it was mailed by United States registered or cer Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.	tified mail to that address.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be m	nanually signed. Any copies not manually
signed must be photocopies of the manually signed copy or bear typed or printed signatures.  Information Required: A new filing must contain all information requested. Amendments need only	y report the name of the issuer and offering.
any changes thereto, the information requested in Part C, and any material changes from the information	ation previously supplied in Parts A and B.

Filing Fee: There is no federal filing fee.

Part E and the Appendix need not be filed with the SEC.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice

<ul> <li>Enter the information requested f</li> <li>Each promoter of the issuer,</li> <li>Each beneficial owner having securities of the issuer;</li> </ul>	if the issuer ha	s been organized within vote or dispose, or direct	t the vote or disposition of,		• •
<ul> <li>Each executive officer and d</li> <li>Each general and managing</li> </ul>			orate general and managing	partners of partne	ership issuers; and
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Governor	General and/or Managing Partner
Full Name (Last name first, if individ	lual)				
Fields, Robert L.					
Business or Residence Address (Num	ber and Street,	City, State, Zip Code)			
9325 Upland Lane North, Suite 300, 1	Maple Grove, M				
Check Box(es) that Apply:	Promoter Promoter	⊠Beneficial Owner	Executive Officer	Governor	General and/or Managing Partner
Full Name (Last name first, if individ-	lual)				
Reynolds, James					
Business or Residence Address (Num	ber and Street,	City, State, Zip Code)			
9325 Upland Lane North, Suite 300, I	Maple Grove, M				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individ	lual)				
D : D : I A II AI	1.0	C': C:			
Business or Residence Address (Num	ber and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individ	iual)			, - ,	
Business or Residence Address (Num	iber and Street,	City, State, Zip Code)		*** <u>***</u>	<del></del> ,
Check Box(es) that Apply:		☐ Beneficial	Executive Officer	Director	General and/or
	Promoter	Owner			Managing Partner
Full Name (Last name first, if individ	dual)			<u> </u>	
Business or Residence Address (Num	aber and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individ	dual)				-
Business or Residence Address (Num	iber and Street,	City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individ	dual)				
Business or Residence Address (Num	nber and Street,	City, State, Zip Code)			
Use	blank sheet, or	copy and use additional	copies of this sheet, as nec	cessary.)	

A. BASIC IDENTIFICATION DATA

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				B. INFO	ORMATIO	N ABOUT	OFFERIN	G				
1. Has	the issuer s	sold, or doe	s the issuer	intend to se	ll, to non-a	ccredited in	vestors in th	nis offering?	·		Yes	No 🖂
				Answ	er also in A	ppendix, C	olumn 2, if	filing under	ULOE.			
2. Wha	it is the mir	nimum inve	stment that	will be acce	pted from a	ny individu	al?	• • • • • • • • • • • • • • • • • • • •			\$15	0,000*
			* Unless the	e issuer, in	its discretio	n, allows a	lower inves	tment				
3. Doe	s the offering	ng permit jo	oint ownersh	nip of a sing	le unit?		••••••	•••••	••••••		Yes ⊠	No
person to list the na	ion or simil be listed is ame of the l	ar remuner; s an associa- broker or de	ested for each ation for soluted person of ealer. If motormation formation for each attack.	icitation of or agent of a ore than five	purchasers broker or (e) (5) person	in connection dealer regists to be liste	on with sale tered with the	s of securitine SEC and	es in the off or with a s	ering. If a tate or states,		
Full Nam	ne (Last na	me first, if	individual)			· · · · · · · · · · · · · · · · · · ·						
Not appli	icable											
Business	or Residen	ce Address	(Number a	nd Street, C	City, State,	Zip Code)						
Name of	Associated	Broker or l	Dealer						<u></u>			
States in	Which Pers	son Listed I	Has Solicited	i or Intends	to Solicit F	urchasers		<del></del>				
(Check	"All States	s" or check	individual S	States)			**********					1 States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	 [HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Nam	ne (Last na	me first, if	individual)									
Business	or Residen	ce Address	(Number a	nd Street, C	City, State,	Zip Code)				- ,,,,		
Name of	Associated	Broker or	Dealer									
States in	Which Pers	son Listed I	Has Solicited	d or Intends	to Solicit F	urchasers		•	<del></del> _			
,			individual S	-								All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [MT]	(IN) [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
		me first, if				( 1 2 )						
Business	or Residen	ce Address	(Number a	nd Street, (	City, State,	Zip Code)		<del></del> -				
							<u> </u>					
Name of	Associated	Broker or	Dealer									
(Checl	« "All State	s" or check	individual S	States)							🗆 A	All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[LN]	[MM]	[NY]	[NC]	(ND)	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box   and indicate in the columns below the amounts of the securities		
offered for exchange and already exchanged.		
Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$	\$
Equity	\$	\$
Common Preferred	¥	<del>-</del>
Convertible Securities (including warrants)	\$	\$_
Partnership Interests	Ψ	\$ <b>\$</b>
•	Ф	,
Other (Minimum of \$ 900,000/ Maximum of \$ 15,000,000 worth of Units of membership interest in a limited liability company)	\$_15,000,000	\$1,050,000
Total	\$ 15,000,000	\$ 1.050.000
Answer also in Appendix, Column 3, if filing under ULOE.	4_15,000,000	4
2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	7	\$_1,050,000
Non-accredited Investors	0	\$0
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
Type of offering	Type of	Dollar Amount
	Security	Sold
Rule 505	Not Applicable	\$ 0
Regulation A	Not Applicable	\$ 0
Rule 504	Not Applicable	\$_ 0
Total	Not Applicable	\$ 0
4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
Transfer Agent's Fees		\$
Printing and Engraving Costs		\$_1,000
Legal Fees		\$_9,000
Accounting Fees	_	\$
Engineering Fees		\$
Sales Commissions (specify finders' fees separately).		\$
Other Expenses (identify)		\$
Total		\$
1U(4)	🖂	Φ10,000

b.	Enter the difference between the aggregate offering price Question 1 and total expenses furnished in response to Pa "adjusted gross proceeds to the issuer."	art C – Question 4.a. This difference is the				\$_14,990,000
5.	Indicate below the amount of the adjusted gross proceeds of the purposes shown. If the amount for any purpose is to the left of the estimate. The total of the payments listed issuer set forth in response to Part C – Question 4.b above	not known, furnish an estimate and check the d must equal the adjusted gross proceeds to the	box			
				Payment Officer Directors Affiliat	rs, s, &	Payments To Others
Sal	aries and fees			\$	🗆	\$
Pu	chase of real estate			\$	🛛	\$ <u>14,207,500</u>
Pu	chase, rental or leasing and installation of machinery and	equipment		\$	🗆	\$
Со	nstruction or leasing of plant buildings and facilities			\$		\$
off	quisition of other businesses (including the value of security ring that may be used in exchange for the assets or security	ties of another		\$	□	\$
	er pursuant to a merger)		_			
Re	payment of indebtedness		Ц	\$	🗆	\$
Wo	rking capital			\$	🛛	\$ <u>782,500</u>
Otl	er (specify):			\$	🗆	\$
Otl	er (specify):			\$	🗆	\$
Otl	er (specify):			\$	🗆	\$
Со	umn Totals		$\boxtimes$	\$ <u>0</u>	🛛	\$14,990,000
То	al Payments Listed (column totals added)				<b>∑</b> \$14,9	90,000
		D. FEDERAL SIGNATURE				
sig	e issuer has duly caused this notice to be signed by the und nature constitutes an undertaking by the issuer to furnish to ormation furnished by the issuer to any non-accredited inv	o the U.S. Securities and Exchange Commissi	on, up			
Iss	ner (Print or Type)	Signature			Date	
La	nd Funding I, LLC	Calman Hall			June 5, 20	06
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)				
Ro	bert L. Fields	Chief Manager				
		ATTENTION				
	Intentional misstatements or omissions	s of fact constitute federal criminal violations	(See	18 II S C	1001.)	

C. OFFERING, PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

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E. STATE SIGNATURE  Yes No  1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?  See Appendix, Column 5, for state response.  2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.  3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.  The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.  Signature  Date  June 5, 2006					<del></del>
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?  See Appendix, Column 5, for state response.  2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.  3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.  4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.  The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.			STATE SIGNATURE		
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<ol> <li>(17 CFR 239.500) at such times as required by state law.</li> <li>The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.</li> <li>The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.</li> <li>The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.</li> </ol> Issuer (Print or Type) Signature Date		See Appendix, Column 5, fo	or state response.		
<ul> <li>4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.</li> <li>The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.</li> <li>Issuer (Print or Type)</li> <li>Signature</li> <li>Date</li> </ul>	2.	•	state administrator of any state in which this notice is file	ed, a notice or	ı Form D
Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.  The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.  Date	3.	· · · · · · · · · · · · · · · · · · ·	state administrators, upon written request, information fu	rnished by the	e issuer to
Issuer (Print or Type)  Signature  Date	4.	Offering Exemption (ULOE) of the state in which this notice	e is filed and understands that the issuer claiming the ava		
			e true and has duly caused this notice to be signed on its b	behalf by the t	andersigned
	Issu	uer (Print or Type) Sign	natrire Date		
\(\sigma_1 \rangle \langle_1 \rangle_1 \rangle				5, 2006	
Name of Signer (Print or Type)  Title of Signer (Print or Type)			Co May II I Was		

Chief Manager

#### Instruction:

Robert L. Fields

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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# APPENDIX

1	2	2 3 4							5		
	Intend to non-ac investors (Part B-	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No Units of Number of Amount Number of Amount Number of Non-Interest Investors Accredited Investors					Yes	No No			
AL											
AK											
AZ											
AR							-				
CA											
CO		X	150	1	\$150,000	0	\$0		X		
СТ			,								
DE											
DC											
FL											
GA											
HI							-				
ID											
IL	1										
IN											
IA											
KS											
KY											
LA					-						
ME											
MD											
MA											
MI											
MN		X	900	6	\$900,000	0	\$0		X		
MS	1										
МО		<del> </del> -							<u> </u>		

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APPENDIX

1	2		3		4		· •	5	5			
	Intend to to non-acc investors (Part B-I	redited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)		Disquali under Stat (if yes, explana waiver g (Part E-	e ULOE attach tion of ranted)						
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No			
МТ												
NE												
NV												
NH												
NJ												
NM												
NY									-			
NC												
ND												
ОН												
OK												
OR												
PA												
RI												
SC							<del> </del>					
SD												
TN												
TX												
UT												
VT												
VA												
WA												
WV												
WI												
WY												
PR												

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